

Rising Star Game Schedule Adjustment Requests

Coach Name: _____

Team Name: _____

Coach Phone #: _____

Grade: _____

Boys _____ Girls _____

Grade _____

I coach more than one team and need schedule considerations: yes or no (please circle one)

Date of Game/Time of Conflict: _____

Explanation of Conflict/Request:

***This only a request for a scheduling request consideration. This is not a guarantee that I will receive this request. This form must be turned in no later then Monday December 5, 2014.**